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Montana Speech - Language - Hearing Association

...Improving communication for life

Rep. Dennis Lenz
Rep. Gordon Pierson
Sen. Diane Sands

RE: Oppose Amendment of ARM 37.34.3005 and 37.86.3607

Oppose MAR Notice Numbers 37-788, 37-801, 37-802, and 37-805 pursuant to 2-4-305(9), MCA, of the Montana Administrative Procedure Act

Dear Committee Members,

I am writing you as a member and current president of the Montana Speech-Language and Hearing Association. Our organization not only supports speech-language pathologist and audiologists through advocacy, training, professional support, and collegiality, it is part of our mission to advocate for the clients we serve. As professionals, we believe that **communication is the only way we achieve quality of life**. One can be alive, but if that person is unable to express their wants, needs, thoughts, and aspirations with family, friends, community members, and caregivers, then that person simply has no substance to their life.

In hearing our concerns, I would like you to keep in mind that no family anticipates or hopes for a child with disabilities. Of course, there are people who choose to care for people with specialized needs, but an expectant couple often describes their future child as "hopefully happy and healthy." As SLPs (speech-language pathologists) and audiologists, **we are humble and service-minded providers**. This is evident in the reimbursement discrepancies between SLPs and Occupational Therapists (OT) and Physical Therapists (PT) through the DPHHS programs. I am not writing this letter for my own financial gain; I am writing it to support and help people with lifespan disabilities, their families, and care providers.

To acquaint you with the profession of speech-language pathology, I will list the scope of practice for speech-language pathologists: 1) Fluency (stuttering) 2) **Speech production (saying sounds correctly)** 3) **Language – spoken and written (this ranges from pre-linguistic communication to literacy and includes form, content, and use aka social pragmatic skills)** 4) **Cognition (executive functioning, problem solving, etc.)** 5) Voice (vocal quality) 6) **Resonance (sound quality impacted by a compromised system such as cleft palate)** 7) **Feeding and Swallowing (including food selectivity and refusals)** 8) Auditory re/habilitation (in relation to hearing loss). The bold areas are particularly important to understanding the need for our services for people with developmental delay/disability and/or autism.

The proposed amendment stated that "...care and services under the Montana Medicaid program are available to the extent that such care and services are available to the general population in the geographic area." By removing speech-language pathology services and adaptive equipment (mainly augmentative and alternative communication (AAC) devices), you would be offering non-comparable services. In fact, these services would reduce "quality of care" because communication significantly affects quality of life and independent living.

The proposal also stated that there would be "...**implementation of similar services** that will be available in the Medicaid State Plan." This wording is confusing and vague because similar does not mean same and does not guarantee speech-language pathology services and adaptive equipment (specifically AAC). This wording runs the **risk of people practicing out of their scope of practice**. Considering that SLPs are required to have a master's degree (standardized across university training in the USA) and are considered the experts in speech, language, and feeding, one would be fearful of those with less than adequate training providing services.

Autism: The two defining characteristics are 1) repetitive behaviors and/or restricted interests and 2) social interaction delay or challenges. While a Board Certified Behavior Analyst (BCBA) is more than equipped to address the behavioral challenges associated with autism, **SLPs are uniquely trained in the area of social communication. Social communication is critical for success across all settings and social competence is vital when considering employment and independent living.** Employment means less financial reliance on social programs through a life of self-sufficiency. Beyond the social communication challenges, up to 65% of children with autism have developmental apraxia of speech, according to Autism Speaks. Many children with autism have language delay/disorder; this ranges from non-verbal, indicating a need for adaptive equipment specifically designed for communication (AAC devices), to verbal. The children who meet the language potential of their typically developing peers almost always do this through direct speech-language therapy services.

When considering feeding, 70-90% of children with autism have feeding challenges according to Volkert and Vaz, 2010. As unusual as it may seem, feeding is part of the scope of practice of a speech-language pathologist. Some children are so challenged by feeding that their nutrition is at risk. Eating aversions can lead to drastic measures such as ng tubes (being fed through the nose) or peg tubes (being fed through a port directly to the stomach). A lifetime of this medical support would be more costly than providing early feeding intervention with a speech-language pathologist.

Lack of Funding for Education through Age 21. Montana is a state that, despite federal law, is not providing funding for students with disabilities to be educated through age 21. Many of our students with disabilities are graduating at age 18 neither prepared for college nor career. According the State Common Core Standards, all students should be college and/or career ready upon graduation. This is simply not the case in Montana. More than often, recent graduates must seek speech-language therapy to learn how to answer interview questions, communicate effectively with supervisors, co-workers, and clients, learn scripts for performing rote job tasks, develop executive functioning skills (organization and planning) to effectively engage in employment or college, develop self-advocacy skills, interpret figurative language, understand tone and expression, and the list goes on. For a person who is not socially communicatively competent, employment or college will not be an option therefore directing people with disabilities back to social systems eliminating self-sufficiency and putting the financial responsibility on the state.

Cleft Lip and Palate. It is unclear if these cuts will affect the state pediatric specialty clinics. For children in Montana born with cleft lip and/or palate (the most common birth defect), these proposed amendments would drastically change their care. Pending the severity of the cleft, some children endure multiple surgeries starting at ten weeks of age. Prior to the first surgery, the baby has to put on weight to reach at least ten pounds. SLPs are trained in feeding therapy from the time of birth through the lifespan. The SLP could be critical in the child gaining enough weight to have their first surgery. Beyond that surgery, the SLP will be important in maintaining oral eating. Once the child is verbal (possibly requiring SLP intervention), only a SLP can diagnose and treat speech disorders associated with a cleft palate. Cleft palates greatly compromise the communication system and intervention from a SLP is critical in developing competent communication so the child can have a typical life. Not including a SLP on the cleft palate team of service providers would be negligent.

Middle Class Families. Because they do not qualify for Medicaid based on income, families with children with disabilities will be hurt by these decisions. Instead, they rely on their private health insurance to cover medical costs, including speech-language therapy services. Many private health insurances have caps on therapies. Sometimes they lump SLP, OT, and PT into one and the funds are exhausted by the first quarter. Programs like the Medicaid waiver are designed to help families make it through the year with adequate services. Without this support, families, particularly lower middle class, either sacrifice much or their child goes without. As stated earlier, having a child with a disability is not a choice, therefore; people in this situation should feel supported.

Summary. I would like to relay how critically important it is to continue providing speech-language therapy and assistive communication devices to people with developmental delay/disorder and/or autism. It is obvious that SLPs play a critical role in the habilitation process. When considering this plea, please remember that:

- Parents do not plan to have children with disabilities therefore should feel fully supported
- Communication is the element that provides quality of life and leads to independent living
- Speech, language (including social pragmatic), feeding and other areas of intervention listed in the scope of practice above should only be provided by a licensed and qualified speech-language pathologist
- People with autism not only require SLPs to address their social communication challenges, but to provide services for the likely speech, language, and feeding challenges that often accompany the disorder
- Children born with cleft lip and/or palate require SLP intervention and ongoing assessment
- Due to the lack of public education funding through age 21, SLPs are critical in developing communication skills required for employment and independent living leading to self-sufficiency
- Middle class families may not be able to afford the expenses associated with their child's disabilities. This is particularly challenging for people that have insurance with therapy caps
- A dime now saves a dollar later. Research shows that early intervention can significantly save costs in adulthood for people with disabilities
- Caregivers and group homes cannot continue to serve this community of people if you reduce their funding, leaving the reality of homelessness a possibility

Please, on behalf of the families that we serve, maintain your opposition to these amendments as proposed.

Respectfully,

Catherine Drescher, Au.D., F-AAA, CCC-A
2017 President
Montana Speech-Language Hearing Association